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CONFIRMATION NO. 6289

|   |   |                                   |   |  |                                |
|---|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/015,030  | <b>FILING OR 371(c) DATE</b><br>12/11/2001<br><b>RULE</b>   | <b>CLASS</b><br>375               | <b>GROUP ART UNIT</b><br>2637   | <b>ATTORNEY DOCKET NO.</b><br>026-0013 |                                |
| <b>APPLICANTS</b><br>Philip David Steiner, Montreal, CANADA;<br>Michael H. Perrott, Cambridge, MA;<br>Vadim Gutnik, Austin, TX;   |   |                                   |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/302,912 07/03/2001   |   |                                   |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>none</i>   |   |                                   |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/28/2002</b>  |   |                                   |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>James</i> Allowance<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>43              | <b>INDEPENDENT CLAIMS</b><br>6 |
| <b>ADDRESS</b><br>22120   |   |                                   |   |  |                                |
| <b>TITLE</b><br>Method and apparatus for determining a loss of signal condition   |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1406  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |